

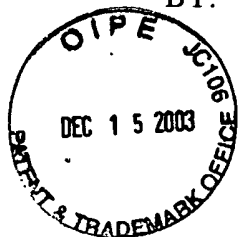
I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS FIRST CLASS MAIL IN AN ENVELOPE ADDRESSED TO: COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450, ON THE DATE INDICATED BELOW.

BY:

Kimberly Hughes

Date:

12/12/03



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In Re Patent Application of:
Soryu Nakayama et al.

DEC 23 2003

Conf. No.: 1922

: Group Art Unit:

1745

TC 1700

Appln. No.: 09/980,937

: Examiner:

Carol D. Chaney

Filing Date: December 4, 2001

: Attorney Docket No.:

10059-401US (P25379-01)

Title:

Nickel Positive Electrode Plate and Alkaline Storage Battery

AMENDMENT

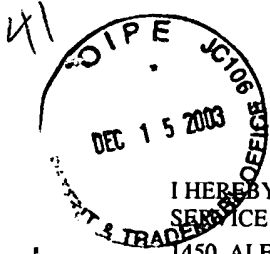
This is in response to the Office Action dated September 12, 2003 (Paper No. 4). This response is being timely submitted by December 12, 2003.

Please amend the above-identified application, without prejudice, as follows:

12/17/2003 SDENBOB1 00000030 09980937

01 FC:1201

430.00 OP



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By: *Emily Hughes*Date: 12/12/03**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

in re patent application of:
Soryu Nakayama et al.

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Appln. No.: 09/980,937

Examiner: Carol D. Chaney

Filing Date: December 4, 2001

Attorney Docket No.: 10059-401US

Title: Nickel Positive Electrode Plate and Alkaline Storage Battery

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TC 1700

AMENDMENT TRANSMITTAL LETTER

Transmitted herewith is an Amendment in the above-identified application.

<input type="checkbox"/>	Substitute Specification.
<input type="checkbox"/>	Small Entity status:
<input type="checkbox"/>	has previously been claimed/established.
<input type="checkbox"/>	is hereby claimed under 37 C.F.R. §1.27, as <input type="checkbox"/> an Independent Inventor, or <input type="checkbox"/> a Small Business Concern, or <input type="checkbox"/> a Non-Profit Organization.

The additional claim fees have been calculated as follows:

					SMALL ENTITY		LARGE ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE	RATE	ADDIT. FEE
TOTAL	14	(-)	or 20	0	x9		x18	0
INDEP.	8	(-)	or 3	5	x43		x86	430.00
<input type="checkbox"/> 1st PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					+\$145		+\$290	
					TOTAL		TOTAL	\$430.00

The additional claim fees are being paid by:

<input checked="" type="checkbox"/>	A check in the amount of \$430.00 .
<input checked="" type="checkbox"/>	Authorization to charge and/or credit Deposit Account No. 50-1017 (Billing No. 210059.0401) as noted below. A duplicate copy of this sheet is enclosed.
<input checked="" type="checkbox"/>	Any overpayments or deficiencies in the above-calculated fee.
<input type="checkbox"/>	Additional claim fee in the amount of \$____.00 as calculated above.

<input checked="" type="checkbox"/>	Any additional fees required under 37 C.F.R. § 1.16 and/or § 1.17.
<input checked="" type="checkbox"/>	In the event that a Petition for Extension of Time is required, but not submitted, please charge any extension fee under 37 C.F.R. § 1.136(a) to our Deposit Account.

CORRESPONDENCE ADDRESS

December 12, 2003
(Date)

By:

William W. Schwarze

WILLIAM W. SCHWARZE

Registration No. 25,918

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Enclosures